

INSIDE THIS ISSUE:

<i>MSC Director</i>	1
<i>Corps Chiefs Office</i>	2
<i>Save the Date</i>	4
<i>Customs and Heritage</i>	5
<i>Detailers</i>	6
<i>Reserve Update</i>	8
<i>Specialty Spotlight</i>	9
<i>HRO in Action</i>	11
<i>MSC SGG Update</i>	12
<i>Articles of Interest</i>	13
<i>MSCs in Focus</i>	19
<i>Contacts</i>	24

Newsletter Spotlight



LCDR Leah Moss supporting Afghanistan refugee operations in Rota, Spain.
More on Page 10!

Newsletter Editors:

CDR R. Divina
LCDR Y. Anderson

Newsletter Staff:

LCDR A. Biggs	LT M. Barter
LT J. Menendez	LT C. Rafferty
LT K. Mollema	LT J. Rose
LT A. Braly	LT M. George



FROM THE MSC DIRECTOR



Leaders:

This month's column concludes our 4P Series (People, Platforms, Performance, and Power) where I highlight the Medical Service Corps' contributions in projecting medical POWER in support of Naval superiority. As this will be my last Rudder column before I turn over my MSC Director role to RDML(SEL) Matt Case on May 16th, I take the opportunity to thank the many superstars who have worked incredibly hard over the last three years to ensure our success as individual officers and as a Corps.

The end state of Navy Medicine's Power is to ensure "all elements of Navy Medicine, including personnel, equipment, infrastructure, and analytical capabilities are harnessed to produce medically ready forces and a ready medical force." During my time as your Director, there is nothing clearer to me than you, nearly 3,000 active and Reserve MSCs, having met this Power end state every day.



From every corner of the globe, you have delivered on the enormous missions sets that were presented to you over the last three years.

- Our clinicians provided the highest quality of care to all those we are honored to serve while finding innovative ways in treating patients during a generational pandemic. The operational forces are physically and mentally ready to do their job because of what you do.
- Our scientists led the way in understanding COVID-19 better than anyone which directly led to keeping our forces safe and on mission, all the while delivering world-class scientific research to our joint forces.
- Our administrators led the way in delivering COVID-19 related testing capability and vaccines around the globe during the largest organizational change in decades within military medicine that included DHA and Navy Medicine transitions, the rollout of MHS GENESIS, and new financial systems.

Collectively, your actions have made a more powerful Navy Medicine. I will always, always be humbled as I watched in awe how you were always ready and able to answer the bell every time. Regardless of rank, specialty, or position, you moved mountains together as you took care of each other. My only regret is that I didn't get to say "thank you" to each of you in person.

Before I close this column I do want to publicly thank the MSC leaders that have directly supported our Corps and/or me over the last three years. Notably,

- Strategic Goal Group Team leaders and members who led our Corps' most important lines of effort. Your teamwork and innovation made us better officers and more prepared leaders. You set the bar for professional and organizational success.
- Current and former Specialty Leaders who work every day to ensure our officers are successful while they support BUMED, BUPERS, and me. There are none better than MSC SLs!

(continued on next page)



FROM THE MSC DIRECTOR



- The BUMED and BUPERS teams supported each of us as they ensured our billets were correct, we have a strong and healthy Corps going forward, and are duty stations are assigned the best and brightest.
- BUMED's MSC office. I want to personally thank the following staff who have worked in the MSC office over the last three years: LCDR Carolynn Hine, LCDR Karen Maldarelli, LT Kevin Mollema, CDR Jennifer Wallinger, CAPT Olaitan Ojo, CAPT Jeff Klinger, CAPT Robert Anderson, CAPT Michael Medina, CAPT Katherine Ormsbee, and CAPT David Fabrizio. Leading this amazing staff and our Corps daily would not have been possible without the superb officers who served as my deputy directors: CAPT (Ret.) Kim Ferland and CAPT Rod Boyce. Finally, it has been a pleasure of a lifetime to serve with RDML Mark Mortiz who leads our Reserve MSCs.

In closing, I want to thank you for your Leadership Through Service, your commitment to excellence in the work you do every day, and your service to a cause greater than yourself. I could not be more proud to have been your MSC director. Godspeed.

FROM THE CORPS CHIEF'S OFFICE

RECORDINGS AVAILABLE ON MILSUITE:

HRO STRATEGIC GOAL GROUP LIVE WEBINAR

"Human Factor Analysis Classification System"

Presented by CAPT Richard Knittig

Recorded on 6 May 2022

MSC LIVE EVENT WITH RDML WEBER

Recorded on 28 April 2022

COMMAND & MILESTONE SLATES AND SCREENING INSTRUCTION AND NOTE

BUMED 1412.1C CH-3 effective 7 APR 2022

Command Qualification Program for Active Component Medical Department Officer

Submission Deadline: 15 June 2022

BUMED Note 1410 effective 7 APR 2022

Fiscal Year 23 Active Component Career Milestone Screening Applications

Submission Deadline: 15 June 2022

****Milestone screening MSC LCDR/O-4 applicants:*

Per BUMEDNOTE 1410, ISIC endorsement is NOT required to submit your application to PERS 4415 by the 15 June 2022 submission deadline. Your package must include the requirements listed in subparagraphs 6a(1) through 6a(3), which includes the CO's letter of recommendation. PERS 4415 will review and submit a list of eligible MSC LCDR/O-4 applicants to the Corps Chief's office for review and final approval by the Corps Chief ahead of the August 2022 screening board. Those determined to be ineligible will be notified by PERS 4415 detailer or the MSC Career Planner.

Both publications and more additional information are available at:

<https://esportal.med.navy.mil/bumed/m00/m00c/Pages/executive-medicine.asp>

Questions or comments? Email us at usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil.

FROM THE CORPS CHIEF'S OFFICE



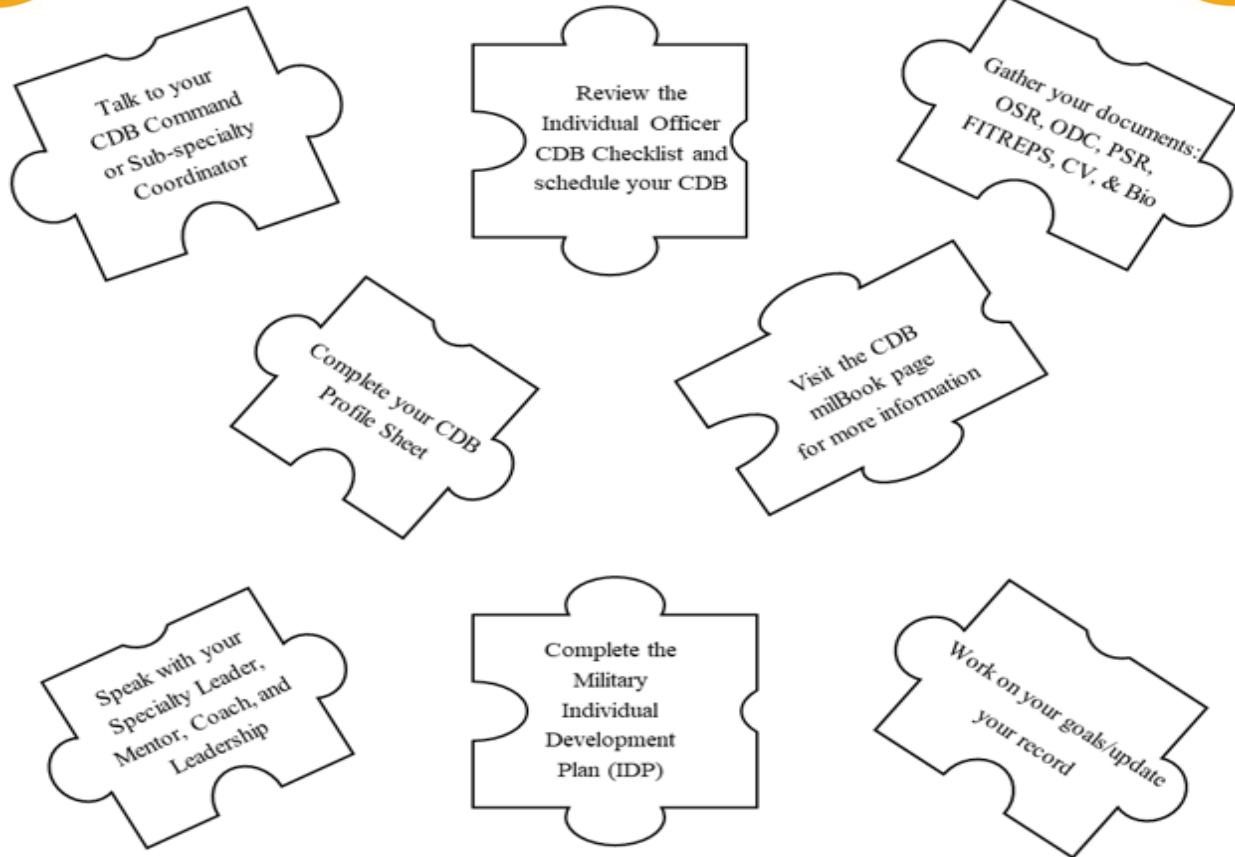
PUZZLED ABOUT YOUR CAREER?



Put the pieces together with a Career Development Board (CDB)!

If you haven't had a CDB, talk to you

CDB Command Coordinator or Specialty Leader about getting your CDB done.



Updates from the Career Development Board Program

Did you know?

- MSC Officers **can complete their CDB Profile Sheet** via NSIPS (Log into NSIPS Member Self Service and then go to: Employee Self Service/Electronic Service Record/Tasks/Officer CDB Input)
- MSC Officers can **request a CDB** within NSIPS (Member Self Service and then go to: Employee Self Service/Electronic Service Record/Tasks/Officer CDB Request)

For more information, contact your CDB Command Coordinator, Specialty Leader, or the CDB Program Manager (LCDR Erica Harris, erica.r.harris9.mil@us.navy.mil).

For additional information, please visit the CDB Program milBook page: <https://www.milsuite.mil/book/groups/msc-career-development-board-program>

SAVE THE DATE

Medical Service Corps 75th Anniversary Birthday Ball Celebrations



13 August 2022 – Portsmouth/ Tidewater Area

For Details Contact MSC Association President:
LT Gwen Gentry at gwendolyn.m.gentry2.mil@mail.mil

20 August 2022 – National Capital Region (NCR)

For Details Contact MSC Association President:
LCDR Jason Switzer at Jason.switzer2.mil@mail.mil

27 August 2022 – San Diego/Pendleton Area

For Details Contact MSC Association President:
LCDR Angela Sadosky at angela.r.sadosky.mil@mail.mil

CUSTOMS AND HERITAGE

THE MUSTANGS ROOTS OF THE MEDICAL SERVICE CORPS

BY: ANDRÉ B. SOBOCINSKI, HISTORIAN, BUMED

A mustang is a free-roaming horse of the American West whose ability to thrive in the wild and timeless magnificence has made it an iconic symbol of the pioneering spirit. The horse has served as the namesake of a legendary military fighter plane (P-51) and, in turn, a classic American sports car. The name mustang also holds a special significance in the U.S. Armed Forces that extends back into its formative years.

Whether you bleed “blue and gold,” “scarlet and gold,” “black and gold,” or “blue and silver,” a mustang represents that special order of officer who had previously served in the enlisted ranks. Although the term is believed to have originated in the Army among soldiers during the Mexican War, the Navy and Marine Corps first used it in the Civil War to describe enlisted sailors and Marines awarded battlefield commissions. And if you are mustang, you are in good company—Audie Murphy, Chuck Yeager, Chesty Puller, Daniel Inouye, and Jeremy Boorda were all mustangs who rose through the ranks.

In the Navy a “mustang officer” can refer to both commissioned and non-commissioned officers. Navy Medicine’s first mustangs were the 25 pharmacists (warrant officers) who were admitted to the newly established Hospital Corps in September 1898. Among them was Cornelius O’Leary, the so-called “dean of Navy pharmacists.” O’Leary had originally enlisted in the Navy in 1861 and served as a “nurse” (forerunner of hospital corpsman) prior to becoming a warrant officer.

In both the Spanish-American War and in World War I, Navy Medicine granted temporary commissions in the Medical Corps to select pharmacist warrant officers as well as pharmacy warrants to enlisted hospital corpsmen. Beginning in 1916, enlisted hospital corpsmen who had reached the grade of Chief Pharmacist’s Mate

(E-7) and had a minimum of 10 years of service were eligible for promotion to pharmacy warrant officer. And in World War II, opportunities as mustangs expanded when the Navy granted both pharmacy warrant officers and enlisted sailors temporary appointments as commissioned Hospital Corps officers. By July 1945, there were 1,381 temporary Hospital Corps officers. A quarter of these officers (345) eventually joined the Medical Service Corps (MSC) and several were among the 251 plankowners who were accepted into the Medical Service Corps in 1947. It can be noted that among these MSC plankowners, 71% had previously served as enlisted hospital corpsmen. And 100% of the plankowners comprising the administration and supply section (140) were mustangs.

Enlisted sailors have been the foundation of the Medical Service Corps, and it is no understatement to say that the Medical Service Corps was developed under the leadership of mustangs. Between 1954—when Capt. Willard Calkins became the first Chief of the Medical Service Corps—to 2006 when Rear Adm. Brian Brannman was ending his tour as MSC Director, over half (57%) of the MSC chiefs/directors were mustangs. And of the 19 individuals who have served at the helm of the MSC from 1954 to 2022, 42% were mustangs. This includes the first MSC

flag officer, Rear Adm. Lewis “Red” Angelo who spent his first decade in the Hospital Corps.

Among the MSC reserve leaders, three flag officers between 1991 and 2022 were mustangs. These include Rear Adm. Marc Moritz, a podiatrist, who to date is the only officer in Navy medical history to rise from grade of E-1 to E-7 in the hospital corps before advancing to flag rank.

Of the 31 specialties and subspecialties that comprise the Medical Service Corps, the administrative and physician assistant communities have the strongest ties to the hospital corps. The physician assistants in the Navy were all former hospital corpsmen; and from 1974 until 1989 when the clinical specialty became part of the Medical Service Corps, physician assistants were hospital corps warrant officers. Navy physician assistants remain closely linked to their hospital corps heritage. Today, 60% of Navy physician assistants come from the Hospital Corps community through the Medical Service Corps Inter-service Procurement Program (MSC-IPP).



First class of Navy Physician Assistants in August 1974. Navy Physician Assistants continue to hold a rich mustang heritage to this day.



Medical Assignments Link:

[Medical Assignments](#)
(navy.mil)

MSC Detailers

CAPT Brandon Hardin
(Senior MSC Detailer/ HCC/
Med Techs)
brandon.w.hardin2@navy.mil
(901) 874-3756 DSN 882

CDR Robert Nevins
(HCA)
robert.p.nevins@navy.mil
(901) 874-4120 DSN 882

LCDR Ryan Aylsworth
(HCS/PAs)
ryan.j.aylsworth@navy.mil
(901) 874-4115 DSN 882



NOTE: The MSC downstream is not being published at this time. Please contact your Detailer if you are within your negotiating window.

FROM THE DETAILERS

OFFICER RETIREMENTS & RESIGNATIONS

FREQUENTLY ASKED QUESTIONS

Retirements:

Q: What are the references for the most common types of officer regular (active duty) retirements?

A: See Officer Retirement Laws (navy.mil).

Q: What are my important career dates related to qualification and calculation of retirement pay for a regular (active duty) retirement?

A: Important career dates related to a regular retirement are available in your Officer Data Card (ODC). Log onto BUPERS Online and access your ODC. There you can find your dates for:

-ADSD (Active Duty Service Date). Block 20 on your ODC – An actual or computed date representing the date when all active duty (enlisted, warrant, and commissioned) in any of the U. S. Armed Services and their Reserve components would have begun if it were continuous to the present. It is used to calculate your eligibility for active duty retirement and your retirement percentage.

-ACBD (Active Commissioning Base Date). Block 19 on your ODC – An actual or computed date representing the date when all creditable active commissioned service in any of the U.S. Armed Services and their Reserve components would have begun if it were continuous to the present. It is used to calculate your active commissioned service.

-PEBD (Pay Entry Base Date). Block 16 on your ODC – An actual or computed date representing the date when all creditable service for pay purposes would have begun if it were continuous to the present. It incorporates all creditable service in any of the uniformed services of the U.S., active and inactive, commissioned and enlisted. It is used to calculate your longevity pay.

-Promotion History. Blocks 36-40 on your ODC. It is used to calculate your time in grade.

Q: How and how far in advance of my desired retirement date can I expect retirement orders?

A: Per MILPERSMAN 1800-020, fiscal constraints limit the release of CONUS orders to no earlier than six months prior to the actual retirement date and no earlier than nine months prior to the actual retirement date for OCONUS orders. Approved leave and permissive temporary duty do not change the actual retirement date.

Q: What is the current policy for house hunting and job hunting TAD and separation (aka, terminal) leave?

A: Refer to MILPERSMAN 1320-220 and MILPERSMAN 1050-120.

Q: What will my retirement pay be?

A: Refer to the DFAS Retirement Pay Calculator for an estimate of your retirement pay and further information.

(continued on next page)



Medical Assignments Link:

[Medical Assignments
\(navy.mil\)](#)

MSC Detailers

CAPT Brandon Hardin
(Senior MSC Detailer/ HCC/
Med Techs)
brandon.w.hardin2@navy.mil
(901) 874-3756 DSN 882

CDR Robert Nevins
(HCA)
robert.p.nevins@navy.mil
(901) 874-4120 DSN 882

LCDR Ryan Aylsworth
(HCS/PAs)
ryan.j.aylsworth@navy.mil
(901) 874-4115 DSN 882



NOTE: The MSC downstream is not being published at this time. Please contact your Detailer if you are within your negotiating window.

FROM THE DETAILERS

OFFICER RETIREMENTS & RESIGNATIONS

FREQUENTLY ASKED QUESTIONS

Resignations

Q: What are the applicable references for officer resignation requests?

A: Refer to MILPERSMAN 1920-190 and MILPERSMAN 1920-200.

Q: When and how should I submit a resignation request?

A: All requests must be received at PERS at least nine months prior to the desired separation date. Resignation requests that do not meet the timelines will be returned without action. Resignation requests must be submitted using NSIPS.

Q: How long does it take for my request to be processed?

A: Requests take an average of 12 to 16 weeks for processing. If your request requires any type of waiver [advanced education obligated service, bonuses, special pay, Minimum Tour for Separation (MTS), Minimum Service Requirement (MSR), etc.] you may incur an additional eight weeks of processing time.

Q: How do I know when I am eligible to resign my commission?

A: If you are unsure of which month/year you can request in regards to time owed for advanced education obligated service, bonuses, special pay, Minimum Tour for Separation (MTS), Minimum Service Requirement (MSR), etc. or what best aligns your desired resignation month/year with Prescribed Rotation Date (PRD), or Time On Station (TOS), please contact your detailer for clarification.

Q: Will I have to join the Reserves to complete my eight-year obligation?

A: If you have less than eight years of active service, you will be required to accept a reserve appointment in the Selected Reserve or Individual Ready Reserve for the time remaining on your Military Service Obligation.

Q: Is job/house-hunting (permissive TDY) authorized for resignations?

A: No.

Q: What day of the month should I request for separation, and what day can I separate?

A: All separation orders are written to complete separation processing no later than the last day of the month. Your request for NSIPS should be for the last day of the month you are requesting. You may separate on the day of your choice in that month, providing you have command approval and have completed all separation processing. You do not need to contact PERS or your Detailer regarding actual date of separation.

Q: When will I get separation orders?

A: Normally, separation orders are issued approximately six months prior to month of separation (CONUS) and nine months prior to month of separation (OCONUS) in order to allow sufficient time for household goods shipment.

Who should I contact for questions or more information?

- Human Resources Department
- Personnel Support Detachment
- Detailer
- Resignations: PERS 451O
resignations.fct@navy.mil
(901) 874-2095

Questions or comments? Email us at usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.



RESERVE UPDATE

MEDICAL SERVICE CORPS OFFICERS CONTRIBUTE TO MISSION SUCCESS OF NR NAVAL MEDICAL FORCES SUPPORT COMMAND

BY: CDR MICHAEL D. BAY, MSC, USN



The reserve component of Naval Medical Forces Support Command (NR NMFS) serves in the crucial role of providing medical training to support Navy Medicine's mission and to preserve, to protect, and to enhance the survivability of naval forces. To meet these essential requirements, medical training programs must first be developed and then staffed with subject matter experts that are derived from all medical staff corps. Regardless of their specific medical training, all NR NMFS members serve to provide administrative and operational training support to its many programs. For each program, the mission is to provide accessible and relevant training courses that are staffed with the most highly trained medical experts the military has to offer.

The staff of NR NMFS consists of corpsmen and medical professionals within the Medical, Nurse, Dental and Medical Service Corps. All serve in the critical role of planning, recruiting, and staffing all training support requests from active and reserve component commands. The administrative staff currently consists of seven MSC officers who bring with them many years of military service as well as operational experience.

CAPT Douglas Distelrath (Industrial Hygiene, POMI, and Healthcare Administration) serves as Manpower Officer and is responsible for ensuring that all unit billets are staffed by qualified personnel, generating a monthly Metrics Report, and ensuring unit members are mobilization ready and able to support NMFS and its subordinate commands. CAPT Distelrath is also the Navy Reserve Specialty Leader in Industrial Hygiene and serves as a chemical engineer in the civilian sector with 28 years of military experience.

CDR Michelle Brown (Healthcare Administration) serves as the Director for Administration (DFA). Her responsibilities include the oversight of all operational functions associated with five department heads and seven training programs. She ensures that the multitude of adminis-

trative tasks for each program are met; these include the management of fitness reports, awards, program letters of instruction, command policies, and letters of appointment. CDR Brown serves as a healthcare administrator on the civilian side with 16.5 years of military experience.

CAPT Marie Gannon (Optometry) is the founder and Program Manager for Professional Development as well as Awards Officer. As program manager, she developed and facilitated multiple symposiums and courses to advance professional development across Navy Reserve Medicine (NRM). The success of both her Transition to Senior Leadership and Officer in Charge/Senior Enlisted Leader Orientation Symposiums have become BUMED (M10)-supported annual offerings. She created and managed the NRM DFA Symposium and consistently utilizes her extensive Navy Medicine experience to provide mentorship to other MSC officers within the unit. CAPT Gannon is an optometrist on the civilian side and brings 29 years of military experience in support of the unit's personnel and mission.

CDR Mike Bay (Entomology and Environmental Health Science) serves as Public Affairs Officer (PAO) and member of the Awards Board. As PAO, he is charged with increasing the visibility of NR NMFS's programs by providing a monthly Situation Report/Storyboard to emphasize program outcomes. Expanding unit visibility also includes the submission of articles demonstrating the unit's efforts in increasing operational readiness across the enterprise and sharing stories of individual unit members within various Navy publications. CDR Bay also serves as Navy Reserve Specialty Leader for Entomology and brings with him 17 years of military experience. On the civilian side, he is a professor and department chair of a biological and environmental science department at the collegiate level and holds a PhD in animal ecology.

Three new MSC affiliates are specialists in Healthcare Administration. LCDR Alexander Balbir serves as Assistant Training Officer and is responsible for the development of orders essential to mission training requirements and for securing discretionary funding to support the unit's administration and training programs. LCDR Balbir comes to the unit with 5.5 years of military experience and holds a PhD in Public Health with a concentration in physiology. On the civilian side, he serves as a director at a Veteran non-profit organization.

CDR Sally Kush serves as the Assistant Program Manager and 2N1 AQD Program Lead. As Assistant Program Manager, she works diligently with Program Directors to ensure operational trauma training opportunities for active, reserve, and joint service personnel. She facilitated the launch of a reserve 2N1 program in response to a newly established AQD requirement for officers applying to Navy Reserve Augment Unit (NRAU) coded CO and OIC billets. On the civilian side, CDR Kush is a hospital administrator and brings 26 years of military experience to the unit.

CAPT Amada Avalos is the Assistant Deputy Chief of Staff (ADCOS) and is responsible for organization, duty performance, training, maintenance, as well as command discipline. With the oversight and assistance of unit department heads, she arranges and coordinates all unit operations, training, and administrative duties. CDR Avalos brings 31 years of military experience and serves as IT Project manager supporting the Defense Healthcare Management Systems as a civilian.

Dedication to service and the willingness to take on roles outside their area of expertise are the reasons these MSC officers and the other medical officers and enlisted personnel accomplish mission success at NR NMFS. This success ensures that the Navy's medical training programs are the best the world has to offer.

SPECIALTY SPOTLIGHT

PHYSICIAN ASSISTANT

BY: CDR CHRISTOPHER OWSTON, MSC, USN

The physician assistant (PA) profession began in the late 1960s due to an identified shortage of primary care physicians in the United States. Eugene Stead, M.D., was responsible for putting together the first class of PAs at Duke University in 1965. This class consisted of four Navy Hospital Corpsmen who served in Vietnam. Dr. Stead based the initial program on the accelerated curriculum used to train physicians during World War II. This first class graduated three PAs on October 6, 1967. In 1972, in collaboration with The George Washington University, the Navy began training PAs in a combined program with the U.S. Air Force. The first Navy PA class graduated in 1974 and were commissioned as warrant officers. Navy PAs joined the Medical Service Corps (MSC) in 1989.

In 1996 the Armed Services collaborated to create one PA training program and, in a partnership with the University of Nebraska Medical Center the Interservice Physician Assistant Program (IPAP), began at Fort Sam Houston, Texas. IPAP is currently a 29-month program training primary care PAs who receive a Master of Physician Assistant Studies upon graduation. IPAP Phase I is a 16-month program consisting of didactic course work located at the Army Medical Center of Excellence (MEDCoE), San Antonio, Texas. After students complete Phase I they transition to a 13-month Phase II clinical clerkship. The Navy now has two phase II training sites: SWMI/NMRTC San Diego, Calif., and NMRTC Camp Lejeune, N.C., which just graduated its inaugural class on March 4, 2022.

There are currently 328 active duty Navy PA billets with the majority supporting operational forces. Approximately 45% of current PAs in the Navy are prior enlisted. Enlisted Navy and Marine Corps personnel can apply to IPAP through the Medical Service Corps In-Service Procurement Program (MSC-IPP). Additional pathways to commissioning as a PA include the Health Services Collegiate Program



Rota, Spain. LCDR Leah Moss supporting Afghanistan refugee operations.

(HSCP) and entrance via the Direct Accession (DA) program. PAs are the largest clinical specialty within the MSC and make up the second largest MSC specialty overall.

The PA community is dedicated to supporting the Surgeon General's "4 P's"- People, Platforms, Performance, and Power. PAs accomplish this through development of people via mentoring, career development, and advanced training. PAs are assigned to several platforms across the Navy and continue to perform at the uppermost level of their training and credentialing. Lastly, PAs support naval power by providing the highest quality of medical care and readiness to Sailors and Marines.

Navy PAs currently serve at Navy Medicine and Readiness Training Commands (NMRTCs) and Expeditionary Medical Facilities (EMFs). PAs support the Marine Expeditionary Forces with billets at Marine Divisions, Marine Logistics Groups, Marine Air Wings,

and Medical Battalions. PAs are also assigned to all aircraft carriers and serve as key members of the ship-board medical staff. A small number of PAs are screened and competitively selected to serve within the White House Medical Unit (WHMU). These highly skilled professionals provide direct care to the President, Vice President, their families, and the White House staff.

The special operations community also heavily utilizes PAs. Navy PAs serve with U.S. Special Operations Command (SOCOM), Joint Special Operations Command (JSOC), Naval Special Warfare Command (NSW), SEAL teams, and U.S. Marine Forces Special Operations Command (MARSOC) Raider Battalions. Deploying to several austere environments, these PAs provide the highest level of training and readiness to these elite units and are critical to mission success.

In addition to primary care, several PAs work in sub-specialty practice. The Navy currently trains PAs in emergency medicine and orthopedic surgery through certificate fellowships



NMRTC Guantanamo Bay, Cuba. Orthopedic Physician Assistant, LCDR Ben Mattox, MSC, USN, examines a patient.

(continued on next page)

SPECIALTY SPOTLIGHT

PHYSICIAN ASSISTANT

BY: CDR CHRISTOPHER OWSTON, MSC, USN

at NMRTC San Diego and Portsmouth. In 2018, the Navy partnered with Baylor University to train PAs in general surgery and critical care and in 2020 accepted the first student for its emergency medicine program. This year two PAs will attend Baylor as the first Navy students to attend the orthopedic surgery program. These 18-month training programs result in a Doctor of Science (DSc) degree that focuses on clinical medicine and medical research. These training pipelines will ensure a ready supply of sub-specialty trained PAs to support Navy Medicine's mission across the globe.

In 2016, with a shortage of qualified flight surgeons, the first Navy PA was trained in aerospace medicine at Naval Aerospace Medicine Institute, Pensacola, Fla.. This was the beginning of the Aerospace Medicine Physician Assistant (APA) specialty. Currently, the Navy has trained 13 APAs who fill billets with Navy and Marine Corps flight squadrons and aviation support commands. The implementation of APAs was essential in filling critical manpower shortfalls in the aviation medical community.

Navy Reserve PAs are an integral part of the PA community and Navy



Coronado, Calif. LCDR Joe Kaleiohi, MSC, USN conducting trauma lanes during SEAL Medic training.

Medicine. These PAs are in the Fleet serving at EMFs, MTFs, operational units, NSW, onboard ships, and taking on senior leadership positions. They have a broad range of clinical backgrounds to include Emergency Medicine, Orthopedics, Sports Medicine, Oncology, Pediatrics and Family Medicine. Numerous Reserve PAs have been mobilized to support COVID-19 missions across the United States.

PAs not only serve as clinicians, but as key leaders within Navy Medicine. PAs are currently serving as division officers, department heads, directors, battalion surgeons, regimental surgeons, and group surgeons. Several PAs have pursued the executive medicine track with senior officers filling milestone billets as officers in charge, executive officers, and commanding officers. This is a testament to the incredible versatility of the Navy PA community.

This year marks the 55th anniversary of the PA profession, and Navy PAs have been present since the earliest days. As the profession has evolved throughout the years, Navy PAs have been on the forefront of progress and have been essential in the community's growth. The

knowledge, commitment, and diversity PAs bring to the MSC and the Navy will continue to support a "Culture of Excellence" and render assistance to our warfighters.



Coronado, Calif. LCDR Brittany Hout, MSC, USN completes tandem parachute jump with the Navy Leap Frogs.



LCDR William Grisham, Aerospace Medicine Physician Assistant (APA), conducting flight operations with Carrier Airwing FIVE.

HRO SPECIALTY SPOTLIGHT - PHYSICIAN ASSISTANT

BY: LCDR ARI DOUCETTE, MSC, USN and LT AIMEE GRANDE, MSC, USN



Camp Lejeune, N.C. Pictured above (L-R): LCDR Ari Doucette, MSC, USN; LT Aimee Grande, MSC, USN.

LCDR Ari S. Doucette and LT Aimee K. Grande exemplify the principles of High Reliability Organizations (HRO) through their work as Trauma Physician Assistants (PAs) at Naval Medical Center Camp Lejeune (NMCCCL), the Navy's only American College of Surgeons (ACS) verified regional trauma center.

Preoccupation with Failure & Mentorship:

From 2017-2018, NMCCCL rapidly transformed from a Military Treatment Facility (MTF) which saw only TRI-CARE beneficiaries into a verified regional trauma center. This remains a 'no-fail mission' for Navy Medicine, and NMCCCL recently re-verified successfully with the ACS as a Level III trauma center. The complexities of trauma care and ACS verification necessitate that the care team depend on HRO principles, such as **preoccupation with failure**. LCDR Doucette and LT Grande are instrumental in ensuring that the quality of the care provided to patients meets the needs for ongoing trauma center verification, as well as the specific requirements of the ACS. For example, they regularly perform tertiary physical exams on admitted patients and review their studies and images, assisting in the identification of injuries that were not appreciated on trauma intake exams. Their critical perspective continues to shift system thinking toward preventing misses that might affect patients' health or the trauma center.

Sensitivity to Operations & Leadership:

Sensitive to operations, for both the big picture and the operational complexities of daily patient care, PAs Doucette and Grande work to ensure that standardized approaches to care are followed, individual circumstances are considered for each application, and the healthcare team maintains awareness of what is and is not effective. After careful analysis and recognition of the complexities of care associated with their patient population, PAs Doucette and Grande engaged with the healthcare team to scrutinize and then redesign their patient care processes. The teams were encouraged to use standardized approaches to care, while reinforcing their ability to adapt to the unique circumstances present in each patient encounter. Rib fractures, a common occurrence at this facility, were targeted in an effort to test the refocused approach and evaluate the metrics. Despite some common complications that necessitate procedural adjustments, the team recognized progress in the observed metrics which is a testament to their enthusiasm for this tenet.

Reluctance to Simplify:

The trauma PAs at NMCCCL are empowered to develop and refine locally-published standard operating procedures (SOPs) as well as clinical practice guidelines (CPGs) to establish a gold standard of trauma care within the institution. Since the trauma center does not currently have neurosurgical capabilities but receives a large number of patients sustaining head injuries, LT Grande developed a CPG based on the national Brain Injury Guidelines to help providers decide whether these patients require immediate transport to a facility with neurosurgical capability or can be safely observed at NMCCCL. Understanding that trauma patients have a significantly elevated risk of deep vein thromboses and pulmonary emboli, LCDR Doucette developed a CPG for venous thromboembolism prophylaxis in trauma patients, requiring collaborative input from the trauma department, general surgery, orthopedic

surgery, internal medicine, pharmacy, and others. **Reluctance to simplify** allows the application of these well-designed frameworks to individual situations with unique challenges. To ensure success, the trauma PAs cultivate relationships with the relevant teams and stakeholders essential for daily operations. On the larger accreditation level, the SOPs and CPGs help shape processes and care to align with recognized best practices for the ACS, which monitors benchmarks of patient care for trauma center verification.

Commitment to Resilience & Collaboration:

Committed to resilience and mitigating risks before they lead to failures, the trauma PAs have a seat at the table and contribute to weekly reviews of the care received by trauma patients. Systems of care are considered and problems are uncovered and addressed, often generating performance improvement projects. LCDR Doucette proactively investigated the root causes for the delays in the initiation of life-saving services such as blood transfusion and lab services for non-beneficiary patients arriving in the trauma bays. He worked with patient administration to streamline patient registration and prevent delay in treatment.

Deference to Expertise & Warfighter Readiness:

NMCCCL's trauma PAs contribute to **Warfighter Readiness**. The increased volume and severity of trauma care has enabled the medical center to host Forward Surgical Teams to take trauma calls together to prepare for deployment. Although surgically trained PAs are not a replacement for surgeons, they can do minor procedures and can offload some of the peri-operative care to allow surgeons to perform more surgeries. The next generation of Navy PAs in the Inter-service PA Program now have clinical rotations at NMCCCL through various specialties, including the trauma rotation, which is proctored by the trauma PAs. Both PAs Doucette and Grande contribute to ongoing research and scholarship.



Visit us on MilSuite.

The go-to place for MSC High Reliability Organization information.
<https://www.milsuite.mil/book/groups/navy-msc-high-reliability-organizations-hr>

MSC Strategic Goal Groups Updates

High Reliability Organization

The HRO SGG is looking to recognize hard charging MSC Officers that have leveraged high reliability principles to implement best practices and drive process improvements across their work domains. HRO in Action nomination forms can be found at the HRO SGG MILSUITE site and or contact CDR Alice Moss for more details at:

alice.p.moss.mil@mail.mil

Check out the **LEAPS HRO Posters for FY 2022** on our [MilBook](#) Page! Congratulations to the winners and thank you to LCDR Amber Lenfert and her team for organizing the HRO Poster contest!

For additional information and resources please visit the HRO Strategic Goal Group MilSuite site:

<https://www.milsuite.mil/book/groups/navy-msc-high-reliability-organizations-hro>

If you have ideas that that would help us continue to progress our journey towards a Higher Reliability Navy Medicine, please contact LCDR Brian Desiderio at

brian.desiderio@usmc.mil

Transition Tracking Team

At the request of the MSC Corps Chief, the TT SGG was tasked to thoroughly review current guidelines for two popular milestone positions – Director for Administration (DFA) and Officer in Charge (OIC). The SGG analyzed the current Navy Medicine milestone selection criteria, duties and responsibilities of each position, and opportunities throughout an Officer's career to gain the knowledge, skills, and abilities (KSAs) for a successful DFA or OIC tour.

Hotlinks To Roadmaps:

DFA & OIC | Subspecialty

Please contact TT SGG Lead, LCDR Eugene Smith, Jr., eugene.smith17.mil@mail.mil, if you have conceptual MSC career progression and milestone ideas that you would like to see developed.

Webinar Program

~ Access the Webinar Archive ~

[milSuite \(All Webinars\)](#) | [YouTube \(new webinars\)](#)

NEW Subspecialty Codes – LCDR James Barlow

What are subspecialty codes and how do I update them?

NEW Reserve APPLY Process – CDR Kristina Carter

For Reserve Officers and those considering transitioning to the Reserves

MSC Subspecialty Series

[Administrators](#) | [Clinicians](#) | [Scientists](#)

Record Management – Your Record, Your Responsibility!

- [NML&PDC Lunch & Learn Record Management](#)
- [NML&PDC Lunch & Learn FITREP Writing](#)
- [FITREP Writing: Part 1 & Part 2](#)
- [Reading the Board Convening Order](#)
- [Record Management Overview](#)
- [Selection Board Overview](#)
- [ODC | OSR | PSR Part 1 | PSR Part 2](#)
- [AQDs](#)

Career Planning

- [DUINS \(Duty Under Instruction\) Application Process](#)
- [Career Intermission Program](#)
- [Billet Priority](#)
- [Staff Organization Codes](#)
- [Specialty Leaders & Placement Officers](#)

Leadership & Day-To-Day Operations

- [Qualities of a Good Leader](#)
- [Navy Correspondence](#)
- [Spreadsheet Basics](#)
- [Executive Medicine AQD - JMESI](#)
- [Conducting Retirement Ceremonies](#)
- [Conducting Reenlistment Ceremonies](#)
- [Navy JPME Phase 1](#)
- [JPME – Other Services](#)
- [MSC Officer Recruiting](#)
- [Conducting an officer recruiting interview and Letters of Recommendation](#)

Operational MSC Interview Series

Naval Air Warfare Center – Aircraft Division (NAWCAD)

- Aeromedical Support: [milSuite](#) | [YouTube](#)
- Aerospace Optometry & Vision: [milSuite](#) | [YouTube](#)
- Aero Physiology & Exp. Psych.: [milSuite](#) | [YouTube](#)
[LT Krusely – IHO aboard the U.S.S. Nimitz](#)

Please contact adam.preston.2@us.af.mil if you are interested in joining our team or are interested in being interviewed for our Operational MSC Series!

ARTICLE OF INTEREST

LEVERAGING NO-COST “VIRTUAL” GLASSES TRY-ON TECHNOLOGY FOR PATIENT-CENTERED INNOVATION

BY: LT COURTNEY RAFFERTY, MSC, USN

Out of all the factors that impact patient healthcare satisfaction, patients have reported lower satisfaction rates with increased wait times, even when they were very pleased with the provider and care received. Patient Centeredness, one of the Ready Reliable Care “Domains of Change” in the Military Health System (MHS) High Reliability Organization (HRO) model, emphasizes creating systems and implementing technological solutions that enhance the patient’s healthcare experience. Reducing patient wait times and identifying creative opportunities to improve healthcare delivery supports patient-centeredness by identifying and anticipating patient interests to drive and shape healthcare innovations.

One of the most significant bottlenecks to patient flow in eye care clinics with limited space and resources that can amplify unnecessary patient wait time is glasses frame selection, especially when COVID-19 initially hit and appropriate frame sterilization without compromising material integrity became an obstacle that induced additional patient wait time. Finding a solution to minimize extraneous patient wait time and offer an alternative to the challenges of frequent glasses frame disinfection in a high-volume patient care clinic was the impetus behind this project. The objective was to provide an opportunity for increased patient and staff convenience to virtually try on frame of choice glasses from anywhere using social media platforms most patients already have readily available on personal devices and to leverage technology utilized by large commercial retailers at no cost to the Department of Defense.

A creative solution developed by large commercial optical retailers involves the use of augmented reality software to try on glasses frames “virtually.” Employing the use of augmented reality technology in healthcare has become an increasingly popular opportunity to improve the delivery of patient care. This technology was em-

braced by many online optical retailers when the pandemic hit as it offered customers a viable alternative to virtually try on glasses frames from the comfort of their own home, providing a unique and convenient customer experience while safeguarding their health.

Augmented reality technology involves superimposing a virtual image over a real-world object. This was initially explored as a potential solution, however obtaining the software can be incredibly expensive. There are many components involved in building the augmented reality software, like object detection, three-dimensional interactions, snapshot functionality, user interaction and more. Building an augmented reality application involves designing, developing and testing that can be a very complex process with an estimated cost of \$105,000 to \$190,000.

Upon further investigation, it was discovered that Snapchat has an open-source application titled “Lens Studio” that allows developers to build custom augmented reality experiences. These templates for the frame of choice glasses selections were programmed as textures in Lens Studio along with a script that allows users to tap the screen to change between glasses frame choices.

After publishing, a QR code is generated that allows the owner to share the lens with any other Snapchat user to unlock and use on a personal device. As users tap through the various frame choices, the title of each frame is listed towards the bottom of the screen so that patients can take photos and identify and share which frames they have selected to order with the eye care clinical staff.

After the Snapchat application received an overwhelmingly positive reception from patients, several patients commented that while they did not have Snapchat, they would be interested in using the augmented reality technology on another social media application if possible. When developing an augmented reality filter for Facebook and Instagram, this proved to be more challeng-



LT Courtney Rafferty demonstrates augmented reality or “virtual” glasses try-on using a personal device. The filter is functional for both front and rear-facing phone cameras.

ing as the Spark AR Studio that allows users to create custom filters did not allow the creator to place a custom text within the filter to label the glasses frames. This obstacle was overcome by creating three-dimensional templates to insert the frame titles as the temples on the sides of the glasses frame. This enables users to still take a picture or screenshot of themselves using the AR frames with the title to assist the provider and optician in ordering the selected frame.

Communicating with patients the importance of their feedback and demonstrating how it is used to drive change across the MHS enterprise creates a system of empowered patients satisfied with their healthcare.

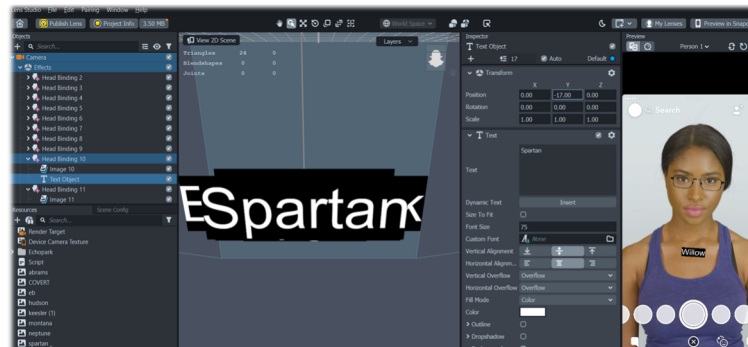
Identifying creative solutions to complex problems without being granted additional resources or increasing manpower is critical for success in the changing landscape of Navy medicine. Consistently seeking opportunities to improve and innovate healthcare delivery and relentlessly striving to optimize patient experience is at the heart of patient-centeredness in a high-reliability organization.

(continued on next page)

ARTICLE OF INTEREST

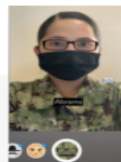
LEVERAGING NO-COST “VIRTUAL” GLASSES TRY-ON TECHNOLOGY FOR PATIENT-CENTERED INNOVATION

BY: LT COURTNEY RAFFERTY, MSC, USN



Lens Studio, the free desktop application used to design augmented reality filters compatible with Snapchat.

VIRTUAL GLASSES TRY-ON



Overview



Save time at your Optometry appointment by selecting your glasses frame of choice from your phone



Avoid cleaning and handling glasses frames

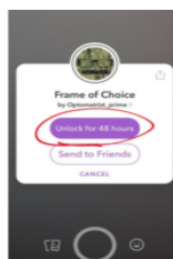


Share photos of your glasses choices with friends and family members to facilitate your glasses selection



Snapchat

Open the Snapchat app and tap the white circle icon at the bottom of the screen to take a photo of the QR code below.



Click the "Unlock for 48 hours" button when prompted to begin trying on frames

FOR ALL APPS, SIMPLY TAP YOUR SCREEN TO VIEW DIFFERENT FRAME OF CHOICE SELECTIONS

Facebook



Scan the QR Code below to start trying on frames using Facebook.



Frame names are located on the left side (temple) of the glasses

Instagram



Scan the QR Code below to start trying on frames using Facebook.



Frame names are located on the left side (temple) of the glasses

ARTICLE OF INTEREST

FY22 CAPT RENDER CLAYTON LEADERSHIP AWARD

BY: CDR CINDI PALACIOS, MSC, USN; GARRETT HAND, MSC, USN;
& LCDR RACHEL SARGEANT, MSC, USN

On February 2, 2022 LCDR Rachel Sargeant was presented with the CAPT Render Crayton Leadership Award by the Navy League of the United States Rota Council. This award recognizes a commissioned officer LCDR or below who demonstrates the highest level of moral, ethical, and professional behavior; unquestionable integrity and loyalty; outstanding leadership, sound judgement, and sustained professional competence in performing their duties. This award was established to honor and perpetuate the memory of CAPT Crayton's distinguished military service.

CAPT Crayton served as the commanding officer of Naval Station Rota from August 1980 to August 1982. Prior to that assignment his illustrious and honorable service is notable for serving in the U.S. Navy during the Cold War and the Vietnam War. On February 7, 1966 CAPT Crayton launched his A-4E Skyhawk aircraft on a combat mission over North Vietnam. His aircraft was hit by anti-aircraft fire leading to his ejection and subsequent capture. He was kept as a Prisoner of War (POW) for seven years, eventually serving as Senior Ranking Officer.



CAPT Render Crayton. Photo courtesy of Veteran Tributes:
<http://www.veterantributes.org>



Rota, Spain. The CAPT Render Crayton Leadership Award is presented to LCDR Rachel Sargeant by CAPT David Baird, Commanding Officer, Naval Station Rota.

During his time as a POW, CAPT Crayton (then LCDR Crayton) served through torture, deprivation, and humiliation, with perseverance, devotion, and loyalty to the United States by providing superb leadership and guidance to his fellow prisoners of war. On February 12, 1973 during Operation Homecoming, he was released with 590 other Americans. After a brief hospitalization for injuries sustained as a POW, he went on to postgraduate school at San Diego State University to obtain his master's degree.

He completed his distinguished career as chief of staff at the Naval War College, Commanding Officer of Naval Station Rota, and his final assignment at the Naval Reserve Officers Training Corps (NROTC) Detachment at the University of San Diego.

LCDR Rachel Sargeant was selected for this prestigious award by demonstrating outstanding support for the warfighter through execution of her duties as Physical Therapist and Vice Medical Executive Committee Chair. She was recognized by Fleet Forces for her results of developing a Physical Therapy Pier-side treatment program for four home-ported guided missile destroyers, serving 126 shipboard personnel increasing readiness and lethality for our Sailors. Her efforts are bonded in the legacy and spirit of the CAPT Render Crayton Award.

*Credit to Veteran Tributes' website on details on the Legacy of CAPT Crayton.

ARTICLE OF INTEREST

24 HOURS AT ICE CAMP QUEENFISH

BY: CAPT KATHARINE K. SHOBE, MSC, USN

COMMANDING OFFICER, NAVAL SUBMARINE MEDICAL RESEARCH LABORATORY (NSMRL)

An hour into visiting Ice Camp Queenfish, I seriously questioned my decision to see firsthand a 10-foot-thick ice floe. In March. In the middle of the Beaufort Sea. One hundred and sixty nautical miles off the coast of Alaska. Cable television could have shown me as much from the warmth and security of my home in Groton, Connecticut. Not to mention that I would still have feeling in my fingers and toes.

I made the decision to visit because I had strongly advocated for two Undersea Medical Officers/Diving Medical Officers (UMO/DMO) from my command, the Naval Submarine Medical Research Laboratory (NSMRL), to provide medical support for this exercise. Good leaders back up good ideas with action, and following my own advice is how I came to be rubbing my hands in an attempt to massage some feeling back. We arrived as the lead medical planners for an event with which NSMRL has been involved in one way or another for the past 30 years. The Navy's biennial Ice Exercise (ICEX) conducts research, performs tests, evaluates operational capabilities, and provides a unique opportunity to train in the unforgiving austere environment of extreme cold weather terrain. There remains a strong need to maintain a presence on, under, and above Arctic waters not only to counter Russian aggression,

but also to explore emerging threats due to climate change. The Arctic region only becomes more strategically important for national security as climate change accelerates alterations to the conditions there.

Right away, we discovered how ironically fluid the situation could be when setting up on an ice camp. Camp set up became delayed by several days because the initial scouting location developed a crack big enough to scrap plans for safety reasons. When I arrived at the staging location in Prudhoe Bay, Alaska, additional weather and berthing questions began to put the entire visit in doubt. I might have hopped a 13-hour, multi-stop flight plan only to see a couple of Alaskan gift shops. Meanwhile, as we sorted out camp issues, activity bustled under the ice. Fast attack submarines and diving operations continued despite the surface conditions—as they always do. We caught a few breaks though, metaphorically and in our favor this time, and I departed for Ice Camp Queenfish from Prudhoe Bay on a single-engine DHC-3 Otter aircraft outfit with the largest skis I had ever seen. The two other passengers included one of my UMO/DMOs, LCDR Joe DeCicco, who would be staying for three weeks, and a civilian engineer.

When we landed, I bumbled out of the aircraft while still learning my new gait as hampered by all the cold weather gear. Camp staff of the Arctic Submarine Laboratory (ASL) told us how fortunate we were to receive such a “warm” welcome at –20 degrees. I asked Fahrenheit or Celsius, and they said at that temperature, the difference stopped mattering much. Construction continued on the camp itself, and the makeshift buildings included only two berthing tents, a dining tent, command center, restroom hut (with three privacy stalls), and medical tent. Thankfully, all of them were heated, or at least what passes for heat that near the polar ice



U.S. Navy Ice Camp Queenfish, Alaska. 2 March 2022. CAPT Katharine K. Shobe, Naval Submarine Medical Research Laboratory (NSMRL) Commanding Officer, Research Psychologist, visits Ice Camp Queenfish as part of ICEX 2022.

caps. Ongoing construction included more berthing tents and a runway that could accommodate more Otter aircraft doing an alpine skiing impression. I tried to observe without interfering, although the entire ASL staff generously educated me on all their efforts. Dinner-time arrived, and I got my first taste of a dining tent north of the Arctic Circle. If you have never had the privilege (or misfortune) of chowing down on the cold weather variety of an MRE, they pack even more calories than the temperate zone companions to account for the climate-hostile environment. None of those extra calories come with better flavor though. During dinner, an ASL civilian employee kept looking at me as if he knew me, and he looked familiar—turns out that, true to Navy life, I run into an old colleague 5,000 miles from home.

(continued on next page)



U.S. Navy Ice Camp Queenfish, Alaska. 3 March 2022. Aerial view of base camp.

ARTICLE OF INTEREST

24 HOURS AT ICE CAMP QUEENFISH

BY: CAPT KATHARINE K. SHOBE, MSC, USN

COMMANDING OFFICER, NAVAL SUBMARINE MEDICAL RESEARCH LABORATORY (NSMRL)

I had not seen him since we were stationed together at SPAWAR Systems Center (SSC PAC) around 2008, when he was an STSCS (Submarine Sonar Tech Senior Chief). We had the chance to catch up on a decade plus of naval adventures during that first day. Dinner ended with the ICEX program manager hosting an All Hands to recap the day and prepare for the next. Something of a familiar rhythm for the crew there.

After dark, and shockingly, Prudhoe Bay does not have much in the way of nightlife. There was a truly incredible sunset to make up for it though. We retired to our berthing tents containing four bunks. With eight total people and a small table, there was just enough room to bump into everyone if you tried moving anywhere. On the plus side, the artificial heating provided its customers with some options. Take the top rack that gets extra hot during the night, or the bottom rack that reminds you precisely where you are in the world. I chose the bottom rack with the bright idea that I could just throw on some extra clothes and cozy up if I got cold. I chose...poorly. Around 0300, I threw on just about every article of clothing I brought to Alaska and waddled to the restroom hut. I never expected the head would be toasty warm here, but it really is the little things that get you through the day. Side note – I got quite good at using a wag bag (WAG = waste alleviation and gelling). Google the results at your own discretion. Meanwhile, my East Coast-based body clock had me wide awake after being half-asleep by 0700 local. While waiting with a few other early risers in the dining tent for the All Hands to start, an ASL member told me about the ice camp movement he tracked on his cell phone. We had moved seven miles in the 24 hours since we landed.



U.S. Navy Ice Camp Queenfish, Alaska. 2 March 2022. Berthing tent interior.

Plan of the Day scheduled me to depart in the afternoon with the plane dropping off supplies. By now, I (quietly) hoped the weather would ground the plane and keep me in the frozen spectacle for at least another night. I spent my final hours at the camp exploring, walking around, observing the final preparations, and “enjoying” one final MRE. For a short period, I managed to get far enough away from the camp to be surrounded by just white. Not even the Atlantic gray water or the wide-open Pacific blues can truly replicate the open ocean and white-swept calm of an ice floe in the middle of nowhere. I had even worked out a backup plan should I need to miss my later commercial flight and stick my Acting CO with the command reins for a few more days. But, my plane arrived on schedule at 1430, and my Arctic excursion came to a close.

My return flight came aboard a Royal Canadian Air Force CC-138 Twin Otter that had dropped off supplies and carried back waste. Essential efficiency for an ice camp on a zero-footprint mission. As the only passenger besides flight crew, I had one last chance to take in the scenery. After two hours in the air as we got closer to Prudhoe Bay, I saw field after field drilling for oil and gas plopped everywhere on the frozen tundra like little board game pieces near the end of a Monopoly game. I immediately took a piping hot shower during my final night at Prudhoe Bay before catching the first of many flights to reach Connecticut again.

My takeaway message from this experience is for all of us to grow professionally and challenge ourselves. Do not pass onto others something you would not do yourself. Take the tough jobs, seek unique opportunities, do things that make us uncomfortable. With limited expeditionary experience, I had doubts during this entire evolution, even up to the minute my plane left Prudhoe Bay for the ice camp. But now, I am in a much stronger position as CO to advocate for my command's continued support of the submarine and diving communities through our involvement in ICEX. When our two UMO/DMOs returned, I learned that medical encounters increased fourfold from the previous ICEX. I am so proud of our two UMO/DMOs who provided continuous medical support, truly projecting medical power in support of Naval Superiority and keeping our warfighters in the fight.

But you can stay away from the cold weather MRE chewing gum. There is already enough “Arctic Chill” that far north of Fairbanks.

ARTICLE OF INTEREST

“MEDICAL SERVICE CORPS OFFICERS PROVIDE MENTORSHIP AND CAREER ADVICE TO FUTURE STEM STUDENTS”

BY: LCDR MICAH KINNEY, MSC, USN

The 60th National Junior Science and Humanities Symposium (JSHS) was held in Albuquerque, NM, on April 20-23, 2022. JSHS is a Tri-Service (Departments of the Air Force, Army, and Navy)-sponsored Science, Technology, Engineering, and Mathematics (STEM) competition that encourages and generates interest among high school students to conduct original research in STEM fields. During the national competition, talented youth competitively selected from 49 regional symposia across the U.S., Puerto Rico, and Department of Defense (DoD) Dependent Schools in Europe and the Pacific met to share their research and to engage with DoD STEM professionals to learn about student and career opportunities. This

year, 224 students had the opportunity to interact with nine U.S. Navy Medical Service Corps (MSC) Officers to discuss STEM careers and educational opportunities within the U.S. Navy.

During the symposium, the MSC PhD scientists and clinicians performed the duties of judges, round table discussion leaders, and DoD Alumni Panel speakers. Judges critiqued scientific posters and oral presentations to award cash and scholarships, respectively, to the top performers. The round table discussions offered students an opportunity to hear about MSC STEM careers and to ask the officers questions. Two MSC officers were selected to speak in the DoD Alumni Panel on the Health Professions Scholarship Program (HPSP) and

Duty Under Instruction (DUINS) programs.

All Department of the Navy National JSHS volunteers were coordinated by the Naval STEM Coordination Office operating out of the Office of Naval Research. Naval STEM delivers opportunities, like JSHS, to inspire, to engage, and to educate the next generation of scientists and engineers, technology professionals, and medical professionals.

The 61st National JSHS will be held in Virginia Beach, Va., in 2023. To learn more about JSHS, visit <https://jshs.org/>. To learn more about Naval STEM volunteer opportunities, contact Naval_STEM@navy.mil.



Albuquerque, N.M. 20-23 April 2022. U.S. Navy Medical Service Corps Officers participate in the 60th National Junior Science and Humanities Symposium. Pictured front row (L-R): LCDR Micah Kinney, Aerospace Research Optometrist and Vision Scientist, Naval Air Warfare Center Aircraft Division; LT Dale Hirsch, Research Psychologist, Naval Service Training Command; LT Xarviera Appling, Environmental Health Officer, Navy Environmental Preventative Medicine Unit 6; and LT Heather Wallace, General and Vascular Surgery PA, Naval Medical Center Portsmouth.

Pictured second row (L-R): LT Paul Salo, Biochemist, Naval Medical Research Unit Dayton; CDR John J. Fraser, Board-certified Orthopedic Physical Therapist and Scientist, Naval Health Research Center; LCDR Laura Moody, Industrial Hygiene Officer, Naval Branch Health Clinic Bahrain; LCDR Ryan Smith, Board-certified Orthopedic Physical Therapist, University of Utah (PhD DUINS); and LCDR Katherine Dozier, Biochemist, Armed Forces Medical Examiner System.

MSCs IN FOCUS



Camp Lejeune, N.C. Pictured above: Company Commander LCDR K. Amber Tate, Logistician (front row, second from left), and Executive Officer LT Ramon G. Gavan, Logistician (front row, first from right), lead 2nd MEDLOG Company sailors on a four-mile hike. 2nd MEDLOG Company conducts monthly hikes to ensure physical and mental readiness and to enhance camaraderie.



Camp Pendleton, Calif. 1st Medical Battalion staff conducts a blood drive and low-titer O whole blood screening for Navy and Marine personnel in preparation for Marine Rotational Force, Darwin (MRF-D). Pictured above (L-R): LT Kavina James, Blood Officer; HM2 Andrew Bard, Advanced Medical Lab Technician; LT Dan Murrish, Blood Officer; HMCS Melissa Goldstein, MRF-D SEL, 1st Medical Battalion; and HM2 Hakeem Jacobs, Advanced Medical Lab Technician (front center).

MSCs IN FOCUS



Arlington, Va. (Pentagon). RADM Douglas C. Verissimo of OPNAV-N81 (left) presenting the Joint Service Achievement Medal to LCDR Andy Olson (right) for his outstanding Casualty Estimation and modeling support provided to the Joint Staff Surgeon's Office from 26 January to 28 February 2022. Estimates were used to inform the Chairman of the Joint Chief of Staff and department leadership.



Oeiras, Portugal. MSCs shaping BALTOPS 22. Pictured above (L-R): LCDR Audrey Carter (OPNAV N44), CDR Jeffrey Suba (STRIKFORNATO), LT Eric Manuel (NAVEUR/SIXTH Fleet), and LT Richard King (EMF-150 Alpha).

MSCs IN FOCUS



Newport, R.I. Officer Training Command Newport hosts the MSC Track Day for Officer Development School, Class 22030. Pictured back row (L-R): CAPT Robert Anderson, MSC Career Planner; LTJG Matthew Zelkoski, HCA; LTJG Jareese Shirlee, HCA; LTJG Emily Ritsema, Physician Assistant; LTJG Jessica Lofton, Physician Assistant; LTJG Tristan McCauley, HCA; and LTJG Luke Prescott, Entomologist. Front row (L-R): LTJG Tess Bierl, Physician Assistant, and LTJG Karla Young, HCA.



Takoma Park, Md. Pictured above on 3 March 2022: LCDR Coslett (left) and LT Baisden (right) are recognized for their hard work during a visit from RADM Gayle Shaffer, Navy Deputy Surgeon General (center), at the host facility, Adventist Health Care. LT Travis Baisden and LCDR Nikki Coslett, Physician Assistants assigned to NMRTC Portsmouth, are tasked to Large Medical Team 1 (LMT1) in support of continued DoD COVID-19 operations. LMT1 provided 5,400 clinical hours and over 75% of the hospital's workload during a critical COVID-19 surge in Maryland.

MSCs IN FOCUS



Farmington, N.M. OIC CAPT Regina O’Nan, Optometrist (back row, center) and LT Renee Crisman (featured first row, far left), Administrative Officer/Healthcare Administrator, on the first day of deployment to Farmington, N.M. with Medical Response Team 10, a FEMA-deployed COVID-19 critical care augmentation team of four physicians, 14 nurses, two respiratory technicians and three C2 personnel supporting San Juan Regional Medical Center from December 2021 to January 2022.



Monterey, Calif. Pictured above (L-R): Dr. Timothy Garrold, Deputy Director College of Distance Education, Naval War College (NWC); LT Ashraf Haque, Healthcare Administrator; and Fred Drake, Associate Dean and Chairman, NWC. LT Haque receives his diploma from Naval Postgraduate School (NPS) after completing his Financial Management Masters of Business Administration and Joint Professional Military Education (JPME) Phase I. A full-text version of LT Haque’s research, “Cost of achieving net-zero maritime operations through electric energy storage,” can be obtained by emailing the restricted-resources librarian at resources@nps.edu. LT Haque is now at DC&I Quantico leading the development of Marine Corps Medical President Objective Memorandums (POM) to plan and secure out year funding requirements.

Questions or comments? Email us at usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil.

MSCs IN FOCUS



USS MAKIN ISLAND (LHD-8). Pictured above left (L-R): LCDR Michelle Lane, Microbiologist, Naval Health Research Center, and LT Eugenio Abente, Microbiologist, Navy Environmental & Preventive Medicine Unit 5 (NEPMU-5), embark for a two-week underway onboard USS MAKIN ISLAND (LHD-8). They conducted a COVID-19 virus shedding study to correlate antigen and PCR test results with live virus shedding (determined by viral culture techniques), determining if a shorter isolation period after COVID-19 infection is appropriate. Pictured above right: LT Abente tests samples in a COVID-19 isolation ward onboard LHD-8.



Bodo, Norway. Pictured above (L-R): LCDR Connie Johnson, ENTO, Force Health Protection Officer; LT Nicholas Vaughan, POMI, II MEF Medical Planner; and LT Jesse Mintz, Environmental Health Officer, deployed as part of the II Marine Expeditionary Force CE to support Cold Response 22, the largest NATO exercise above the Arctic Circle since the end of the Cold War.

CORRECTION:

In the previous January/February 2022 Rudder edition, the author of the Health Care Administrator article (page 10) was listed as CDR Diana Garcia (who was featured in the article's photo). However, the correct author is CDR Darla Dietrich.

U.S. NAVY MEDICAL SERVICE CORPS

Medical Service Corps Director
RDML Timothy H. Weber
MSC, USN

Bureau of Medicine & Surgery
 Office of the Medical Service Corps (M00C4)
 7700 Arlington Blvd, Ste 5135
 Falls Church, VA 22042

Phone: (703) 681-8548
 DSN: 761-8548
 Fax: (703) 681-9524
 Email: [MSC Corps Chief's Office](mailto:MSC_Corps_Chief's_Office)

The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

CORPS CHIEF'S OFFICE STAFF

Deputy Director

CAPT Roderick Boyce, MSC, USN
 Comm: (703) 681-8547
 DSN 761-8547
roderick.l.boyce.mil@mail.mil

Career Planner

CAPT Robert Anderson, MSC, USN
 Comm: (703) 681-8915
 DSN 761-8915
robert.l.anderson.mil@mail.mil

Policy & Practice

CDR Jennifer Wallinger, MSC, USN
 Comm: (703) 681-8896
 DSN 761-8896
jennifer.c.wallinger.mil@mail.mil

Reserve Affairs Officer

CAPT David Fabrizio, MSC, USN
 Comm: (703) 681-8904
 DSN 761-8904
David.j.fabrizio.mil@us.navy.mil

Executive Assistant/Action Officer

LCDR Carolynn Hine, MSC, USN
 Comm: (703) 681-8924
 DSN 761-8924
carolynn.a.hine.mil@mail.mil

Liaison Officer

LT Kevin Mollema, MSC, USN
 Comm: (703) 681-9257
 DSN 761-9257
kevin.g.mollema.mil@mail.mil



MANY SPECIALTIES - ONE CORPS!

